

Teacher Collaboration Day Evaluation Form

Please fill out ALL required information (otherwise we may not be able to provide Act 48 credit).
Please fill out and submit one evaluation form for EACH Collaboration Day that you have attended.

* Required

Which Collaboration Day did you
attend? *

Please select from the following

Science ▼

The Collaboration Day was well
organized *

Please select which number best represents your experience

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

The Collaboration Day workshops
modeled effective teaching
strategies and techniques *

Please select which number best represents your experience

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

The Collaboration Day workshops
were useful to you in professional
position *

Please select which number best represents your experience

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

Please rate your overall
experience at the Collaboration